

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-679)**

SERIAL NO.

19546971

FILING DATE

9/4/00

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	W/O.	DEP.	W/O.	DEP.	W/O.	DEP.
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TOTAL	2					
TOTAL DEP.	7					
TOTAL						

	W/O.	DEP.	W/O.	DEP.	W/O.	DEP.
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